

## 031: THE DEVELOPMENT OF A NATIONAL PERFORMANCE INDICATOR FRAMEWORK FOR THE DUTCH HEALTH CARE SYSTEM

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### Objective:

To assess the policy and management conditions for a national performance indicator framework for the Dutch health care system.

### Methods:

Like in other industrialised countries the Dutch government is refining the governance of the health care system. Keywords are "regulated market", "decentralisation", "from a provider driven to a demand driven system".

The reform takes place against the background of an overall need to focus more strongly on health system performance. By putting the health service at an arm's length, the ministry of health has embarked in a process of redefining its role in the health care system and redesigning the information collection policies.

The development of a national performance indicator framework forms a core element of this policy.

Our research group has been asked to provide research assistance to the ministry.

A draft framework is foreseen for August 2002, the whole framework should be operational by January 2005.

### Methodology

- Extensive literature search on performance indicators in general and national performance indicator frameworks in particular.
- Analysis of policy and management concepts behind performance indicator frameworks.
- Analysis of the envisioned monitoring and control roles of the ministry of health with respect to providers (professions and institutions), financiers (social/private insurers), consumers/patients and regulators such as the inspectorate of health.
- Analysis of the existing information infrastructure with respect to public health and health care information.
- Determining in an interactive process with the respective stakeholders and the ministry a draft performance framework.

### Results:

Based on the various analyses the following three (3) conditions for the framework were identified:

- 1) It needs to be coherent covering various dimensions such as effectiveness, efficiency, quality and equity, in order to avoid a situation in which isolated information might lead to optimisation on specific dimensions but to sub-optimisation of the system as a whole
- 2) It needs to be comprehensive: i.e. involving information from all sectors in the health care system: Prevention, Cure, Care and Social Services. This is especially relevant with regards to the demographic and epidemiological changes. Focus should be on optimisation of the continuous care process rather than on the individual providers
- 3) It needs to link system performance to public health data i.c. population health.

These conditions seem to be met best with a balanced scorecard approach for the health care system linked with population health data. Additionally, a balanced scorecard matches a government role of steering from a distance in a self-regulated market mechanism.

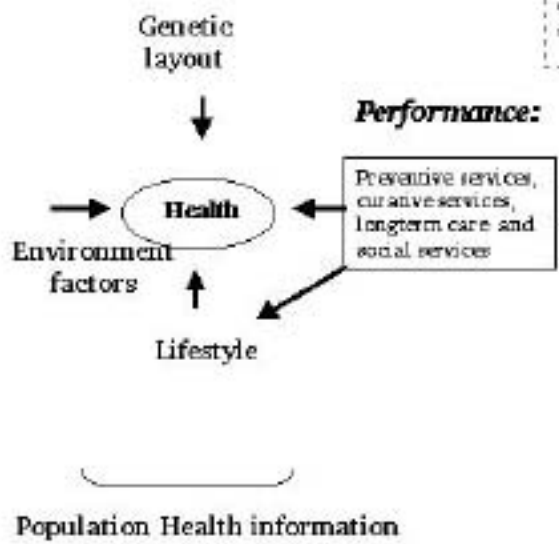
The concept for such a framework is visualised in Figure 1.

### Conclusion:

The merit of linking the balanced scorecard to public health data is that it measures the contribution of the health care system to the improvement of population health. This linkage enables the transition to a more demand driven system in which the government steers from a distance, guided by a coherent and comprehensive indicator set about the systems' contribution to the production of the health, taking overall aims rather than ad-hoc problems as the starting point for health care policies.

FIGURE 1. Conceptualisation of a national performance indicator framework for the Dutch health care system

### *Lalonde model*



### *Balanced scorecard*

